Image# 12962886099 PAGE 1 / 64

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF TY COMMITTEE (in full)	/PE OR PRINT ▼		mple: If typing the lines.	ng, type	12FE4M5		
American Academy of F	amily Physician	s Political	Action C	ommittee			
ADDRESS (number and street)	1133 Connecticut Ave	nue, NW					
Check if different	Suite 1100						
than previously reported. (ACC)	Washington				DC	20036	-
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		;	STATE A	ZIP CO	DE 🛦
C C00411553		3. IS THIS REPORT	\ \ \	NEW N) <b>OR</b>	AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	L	Apr 20 (M4)	Ш	Jul 20 (M7)	Oct :	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	PRE-Election	on	Primary (12F		General		Runoff (12R)
October 15 Quarterly Report (Q3)	Report for t	the:	Convention (	12C)	Special (	12S)	
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect		General (300	<b>a</b> )	Runoff (3	60R)	Special (30S)
Termination Report (TER)		Election on	11 /	06	2012	in the State o	of KS
5. Covering Period 10		2012	through	M M M	/ D D / 26	2012	
certify that I have examined this	Report and to the be	est of my knov	vledge and	belief it is tru	e, correct and	d complete.	
Type or Print Name of Treasurer	Randell K. Wexler, MI	D					
Signature of Treasurer Randell	K. Wexler, MD		[Electronicall	y Filed]	vate 12	/ D D /	2012
NOTE: Submission of false, erroneou	us, or incomplete infor	mation may sul	bject the per	son signing th	nis Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 10 18 2012 To: 11 26 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2012		337366.19			
	(b) Cash on Hand at Beginning of Reporting Period	353041.00				
	(c) Total Receipts (from Line 19)	49250.49	445419.31			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	402291.49	782785.50			
7.	Total Disbursements (from Line 31)	22629.48	403123.49			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	379662.01	379662.01			
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Family Physicians Political Action Committee

tributions (other than loans) From:		Calendar Year-to-Date						
	In receipts Total This Period ontributions (other than loans) From:							
Individuals/Persons Other								
Than Political Committees								
(i) Itemized (use Schedule A)	33380.64	307320.78						
(ii) Unitemized	15811.62	130676.86						
Lines 11(a)(i) and (ii)▶	49192.26	437997.64						
D. 151 . I.D. 1 . O 111	0.00	0.00						
•	0.00	0.00						
	0.00	0.00						
		5.00						
	49192.26	437997.64						
	0.00	0.00						
,								
Loans Received	0.00	0.00						
n Benavments Beceived	0.00	0.00						
	7							
·	58.23	7421.67						
unds of Contributions Made	7	7 7						
ederal Candidates and Other								
tical Committees	0.00	0.00						
er Federal Receipts								
idends, Interest, etc.)	0.00	0.00						
nsfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,						
Non-Federal Account								
(from Schedule H3)	0.00	0.00						
Levin Funds (from Schedule H5)	0.00	0.00						
Total Transfers (add 18(a) and 18(b))	0.00	0.00						
	(iii) Unitemized	(ii) Unitemized						

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period				
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
	(i) Federal Share	0.00	0.00			
	(ii) N 5 1 1 0	0.00	0.00			
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00			
	Expenditures	714.48	7141.99			
	(c) Total Operating Expenditures					
	(add 21(a)(i), (a)(ii), and (b))▶	714.48	7141.99			
	Transfers to Affiliated/Other Party Committees	0.00	0.00			
	Contributions to	0.00	5.55			
	Federal Candidates/Committees and Other Political Committees	20500.00	390500.00			
	Independent Expenditures	0.00	0.00			
	(use Schedule E)	0.00	0.00			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
	(	7				
	Loan Repayments Made	0.00	0.00			
	Loans Made	0.00	0.00			
	Refunds of Contributions To:					
	(a) Individuals/Persons Other Than Political Committees	1415.00	4660.00			
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees (such as PACs)	0.00	0.00			
	(N =	,				
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	1415.00	4660.00			
	(add Lines Zo(a), (b), and (c))					
	Other Disbursements	0.00	821.50			
	Fadaval Flastica Astricts (0.11.0.0. \$404(00))					
	Federal Election Activity (2 U.S.C. §431(20))  (a) Allocated Federal Election Activity					
	(from Schedule H6)					
	(i) Federal Share	0.00	0.00			
	(ii) III ovinii Choro	0.00	0.00			
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00				
	With Federal Funds	0.00	0.00			
	(c) Total Federal Election Activity (add					
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
	Total Disbursements (add Lines 21(c), 22,					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22629.48	403123.49			
	Total Fodoral Dichuranmente					
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
	from Line 31)	22629.48	403123.49			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	49192.26	437997.64
4. Total Contribution Refunds (from Line 28(d))	1415.00	4660.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47777.26	433337.64
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	714.48	7141.99
. Offsets to Operating Expenditures (from Line 15, page 3)	58.23	7421.67
8. Net Operating Expenditures (subtract Line 37 from Line 36)	656.25	-279.68

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF		64
(check only one)										
	11a		11b		11c		12	2		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial)  Patricia Park Ahlen MD		Date of Receipt
Mailing Address 409 Spyglass Dr		10 22 2012
City	State Zip Code	Transaction ID : C1853500
Eugene	OR 97401-2082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Kelly Alberda MD		Date of Receipt
Mailing Address 1425 Gorham St	10 20 2012	
City	State Zip Code	Transaction ID: C1853210
Austin	TX 78758-3760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
Seton Family of Doctors	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  C. Kelly Alberda MD		Date of Receipt
Mailing Address 1425 Gorham St		11 20 2012
City	State Zip Code	Transaction ID : C1868977
Austin	TX 78758-3760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Seton Family of Doctors	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	310.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

/ / mencan / toademy of ranning	i nysicians i ontical Action Commit						
Full Name (Last, First, Middle Initial)  A. Janet R Albers MD		Date of Receipt					
Mailing Address 612 Woodbridge Rd							
City Springfield	State Zip Code IL 62711-5666	Transaction ID : C1861836					
Springfield	iL 02111-3000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation						
SIU Family Medicine Ctr	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	220.00						
Full Name (Last, First, Middle Initial)  3. Suzanne M Allen MD	•	Date of Receipt					
Mailing Address 2889 S Swallowtail Ln		10 22 2012					
City	State Zip Code	Transaction ID : C1853502					
Boise	ID 83706-6139	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer	Occupation						
University of Washington School of Med	Physician						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00						
Full Name (Last, First, Middle Initial)  Brent Michael Allmon MD		Date of Receipt					
Mailing Address 143 N Concord Valley Cir		11 21 2012					
City	State Zip Code	Transaction ID : C1870184					
The Woodlands	TX 77382-1390	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
Greater Houston Physicians Medical Ass	Family Physician						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	300.00						
SUBTOTAL of Receipts This Page (optional)		1120.00					
TOTAL This Period (last page this line number	er only)						

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ree
Full Name (Last, First, Middle Initial)  A. Brian S Bacak MD  Mailing Address, 9823 Florage Pl		Date of Receipt
Mailing Address 9832 Florence Pl		10 23 7 2012
City Highlands Ranch	State Zip Code CO 80126-3559	Transaction ID : C1856714  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer University of Colorado	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  3. Jennifer Bacani McKenney MD  Mailing Address 1525 Madison St Ste 3	•	Date of Receipt
City Fredonia FEC ID number of contributing	State Zip Code KS 66736-1704	10 24 2012  Transaction ID : C1858069  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	365.00
Self Employed	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  C. Tom Banning		Date of Receipt
Mailing Address Exec Vice Pres TX AFP  12012 Technology Blvd Ste		10 18 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Austin	State Zip Code TX 78727-6207	Transaction ID : C1850437  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer  TX AFP  Receipt For:  Primary General  Other (specify) ▼	Occupation CEO-EVP  Aggregate Year-to-Date ▼  300.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	760.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) David Orrin Barbe MD Date of Receipt Mailing Address 120 W 16th St 2012 City Zip Code State Transaction ID: C1862182 MO Mountain Grove 65711-1039 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Physician Mercy Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 1365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steve Bartz Md Bartz MD Date of Receipt Mailing Address 1939 Pine Ridge Dr 10 2012 31 City State Zip Code Transaction ID: C1861165 WI Janesville 53545-0777 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Mercy Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250 00

Other (specily)	230.00	
Full Name (Last, First, Middle Initial) Gordon Hugh Baustian MD Mailing Address 3864 Lost Valley Rd SE		Date of Receipt  11 12 2012
City	State Zip Code	Transaction ID : C1862283
Cedar Rapids	IA 52403-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
MCHSI	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

SUBTOTAL of Receipts This Page (optional).....

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830.00

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial)  Mikael Eugene Bedell MD  Mailing Address PO Box 1330  114 Gardner Place  City  Cascade  FEC ID number of contributing federal political committee.  Name of Employer  Cascade Medical Center  Receipt For:  Primary General  Other (specify)	State Zip Code ID 83611-1330  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  10 31 2012  Transaction ID : C1861198  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Melissa Blair Behringer MD  Mailing Address 301 Governors Dr Sw  City  Huntsville	State Zip Code AL 35801-5123	Date of Receipt  10 23 2012  Transaction ID : C1856713  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  UAB School of Medicine/huntsville Regi  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  500.00	500.00
Full Name (Last, First, Middle Initial)  Salvatore Bernardo Md Bernard  Mailing Address 131 Pin Oak Rd  City Freehold  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code NJ 07728-9313  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 23 2012  Transaction ID : C1857153  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1250.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	y Physicians Political Action Commit	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Salvatore Bernardo Md Bernardo  Mailing Address 131 Pin Oak Rd  City Freehold  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code NJ 07728-9313  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 24 2012  Transaction ID : C1858173  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Heidi M Bittner MD  Mailing Address 304 15Th Ave Se PO Box 9037  City Devils Lake  FEC ID number of contributing federal political committee.  Name of Employer Altru Clinic Lake region  Receipt For: Primary Other (specify)	State Zip Code ND 58301-7000  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  10 22 2012  Transaction ID : C1854059  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial)  Reid B Blackwelder MD  Mailing Address 4407 Leedy Rd  201 Cassel Dr  City  Kingsport  FEC ID number of contributing federal political committee.  Name of Employer  Quillen College of Medicine  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37664-2117  C  Occupation Professor, Family Medicine  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  11 10 2012  Transaction ID : C1865369  Amount of Each Receipt this Period  100.00
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	965.00
TOTAL This Period (last page this line num	iber only)	

FOF	PAGE	· '	12 O	F	64				
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NAME OF COMMITTEE (In Full)	y Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) Karla L Booker MD Mailing Address 3945 Cranbrook Ct Nw		Date of Receipt
City	State Zip Code	10 22 2012 Transaction ID : C1854061
Lilburn	GA 30047-2696	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Morehouse	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Julia Lett Boothe MD	·	Date of Receipt
Mailing Address 14670 Bel Aire Est		M = M / D = D / Y = Y = Y
City	State Zip Code	10 31 2012
City Coker	AL 35452-3514	Transaction ID : C1861196
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Pickens County Medical Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  865.00	
Full Name (Last, First, Middle Initial)  Julia Lett Boothe MD		Date of Receipt
Mailing Address 14670 Bel Aire Est		11 12 2012
City	State Zip Code	Transaction ID : C1866577
Coker	AL 35452-3514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Pickens County Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	865.00	
SUBTOTAL of Receipts This Page (optiona	I)	1230.00
TOTAL This Period (last page this line num	·	1250.0

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Robert C M Bourne MD Date of Receipt Mailing Address 1538 Dwight St 2012 10 25 City Zip Code State Transaction ID: C1859275 CA Redlands 92373-7013 Amount of Each Receipt this Period FEC ID number of contributing 30.42 federal political committee. Name of Employer Occupation **Beaver Medical Group** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 304.20 Other (specify) Full Name (Last, First, Middle Initial) B. June G Bredin MD Date of Receipt Mailing Address 4924 153Rd PI Sw 10 2012 22 City State Zip Code Transaction ID: C1853512 WA Edmonds 98026-4435 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Sate of Washington DSHS Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. June G Bredin MD Date of Receipt Mailing Address 4924 153Rd PI Sw 2012 11 22 City Zip Code State Transaction ID: C1870084 WA Edmonds 98026-4435 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Sate of Washington DSHS Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 110.42 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

					PAGE	1	14	OF	64
(che	ck only	or	ne)						
X	11a		11b		11c		12		
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Neil Hurst Brooks MD		Date of Receipt
Mailing Address 36 Duncaster Ln		10 22 2012
City	State Zip Code	Transaction ID : C1853837
Vernon Rockville	CT 06066-4830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Vernon Manor	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	55 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Ellen Sandra Brull MD		Date of Receipt
Mailing Address 830 Arbor Ln		11 09 2012
City	State Zip Code	Transaction ID : C1864712
Glenview	IL 60025-3234	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	83.40
Name of Employer	Occupation	
Family Medicine Associates of Lutheran	Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	916.60	
Full Name (Last, First, Middle Initial)  C. Angela Caffaratti MD		Date of Receipt
Mailing Address 345 Delegate Dr		10 282012
City	State Zip Code	Transaction ID : C1859245
Columbus	OH 43235-1470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.33
Name of Employer	Occupation	-
Mt Carmel Health Providers/ Trinity	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	266.64	
SUBTOTAL of Receipts This Page (optional)	·····	616.73
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TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
,	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Cory D Carroll MD		Date of Receipt
Mailing Address 1040 E Elizabeth St Ste 2		11 17 2012
City	State Zip Code	Transaction ID : C1875042
Fort Collins	CO 80524-3952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD	'	Date of Receipt
Mailing Address PO BOX 506		M=M / D=D / Y=Y=Y=Y
City	State Zip Code	10 28 2012 Transportion ID : C1860103
Huntingdon	TN 38344-0506	Transaction ID : C1860103  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	-
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Brian Clifford Carty MD		Date of Receipt
Mailing Address 6215 Windham Hill Run		10 22 2012
City	State Zip Code	Transaction ID : C1853838
Kingstowne	VA 22315-3725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Telegraph Corner Family Medicine, PC	Physician-Owner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)	)	485.00
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TOTAL This Period (last page this line numb	per only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family I	Physicians Political Action Commit	ttee 
Full Name (Last, First, Middle Initial)  A. Yushu Jack Chou MD		Date of Receipt
Mailing Address 2691 E California Blvd		10 23 2012
City	State Zip Code	Transaction ID : C1856228
San Marino	CA 91108-1404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Southern California Permanente Medical	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Sharon Marie Colton MD		Date of Receipt
Mailing Address PO Box 39		M = M / D = D / Y = Y = Y
City	State 7in Code	10 30 2012
City Evarts	State Zip Code KY 40828-0039	Transaction ID : C1860214
_	40028-0039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Clover Park Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)  Steven A Crawford MD		Date of Receipt
Mailing Address OU Physicians Family Media 900 Ne 10Th St		11 16 2012
City	State Zip Code	Transaction ID : C1875041
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.34
Name of Employer	Occupation	1
University of Oklahoma	Physician Faculty	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3666.74	
SUBTOTAL of Receipts This Page (optional)		863.34
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TOTAL This Period (last page this line numbe	r only)	

#### SCHEDULE A (FEC Form 3X) ITE

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MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	ck only 11a 13	on			11c 15	1:			17
information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	purp	ose of	f so	liciting o	ontr	ibutio	ons	

Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Patricia A Czapp MD Date of Receipt Mailing Address 102 Melvin Ave 10 2012 City Zip Code State Transaction ID: C1850438 21401-1221 MD Annapolis Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation staff physician, Chair of Clinical Int Anne Arundel Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. John D Davis MD Date of Receipt Mailing Address 171 Honey Creek Ranch Rd 2012 11 05 City State Zip Code Transaction ID: C1861726 TX Hunt 78024-3080 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation FAMILY PRACTICE ASSOC, PA **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 665.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Eugene Delzell MD Date of Receipt Mailing Address 3901 Rainbow Blvd # 4010 2012 St Francis Fam Prac Residency 11 20 City Zip Code State Transaction ID: C1868958 KS Kansas City 66160-0001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician St Francis Fam Prac Residency Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1365.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a 11b 11c 12	
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per- g the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	ly Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  L Allen Dobson MD  Mailing Address 599 Jackson St		Date of Receipt
		10 24 2012
City	State Zip Code	Transaction ID : C1858192
Mt Pleasant	NC 28124-9738	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	+
Cabarrus Family Medicine	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Shannon Brown Dowler MD		Date of Receipt
Mailing Address 107 Windgate PI	7. 2.	10 24 2012
City	State Zip Code NC 28805-1181	Transaction ID : C1858171
Asheville	NC 28805-1181	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Blue Ridge Community Health Services	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Thomas P Fantes MD	·	Date of Receipt
Mailing Address 40 John Kesson Ln		10 25 2012
City	State Zip Code	Transaction ID : C1859229
Middletown	RI 02842-4663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	al)	780.00
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TOTAL This Period (last page this line nur	nper only).	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  Doreen E Feldhouse MD		Date of Receipt
Mailing Address 1043 Sir James Ave		M = M / D = D / Y = Y = Y = Y = 11
City	State Zip Code TN 38024-7344	Transaction ID: C1862299
Dyersburg	TN 38024-7344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Family Care, PC	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	210.00	
Full Name (Last, First, Middle Initial)  3. David Richard Field Field		Date of Receipt
Mailing Address 2021 W Harbor Dr		10 22 2012
City	State Zip Code	Transaction ID : C1859230
Bismarck	ND 58504-8913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
MedCenterOne	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  . James G Fieseher MD		Date of Receipt
Mailing Address 330 Borthwick Ave Ste 210		10 31 2012
City	State Zip Code	Transaction ID : C1861197
Portsmouth	NH 03801-7111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		495.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

				PAGE	2	20	OF	64			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Wanda D Filer MD Date of Receipt Mailing Address 510 Aqua Ct 10 31 2012 City State Zip Code Transaction ID: C1865656 17403-3623 PΑ York Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Physician Strategic Health Institute Receipt For: Aggregate Year-to-Date ▼ Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bradley P Fox MD Date of Receipt Mailing Address 5770 Ruhl Rd 10 2012 24 City State Zip Code Transaction ID: C1858184 PA Fairview 16415-2533 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation St. Vincent Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) C.

Full Name (Last, First, Middle Initial) Jennifer Emma Frank MD		Date of Receipt
Mailing Address 1380 Lusitana St Ste 904		10 31 2012
City	State Zip Code	Transaction ID : C1861168
Honolulu	HI 96813-2448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
University of Hawaii	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....

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1080.00

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	tee 
Full Name (Last, First, Middle Initial)  A. Deborah Geismar Md Geismar MD		Date of Receipt
Mailing Address 822 Monroe St		11 012012 _
City	State Zip Code	Transaction ID : C1861492
Evanston	IL 60202-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Family Medicine Associates of Lutheran	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Dennis Lynn Gingrich MD		Date of Receipt
Mailing Address HMC, FAMILY MEDICINE, H	1154	M = M / D = D / Y = Y = Y
500 University Dr	State 7'- 0 '	10 24 2012
City	State Zip Code	Transaction ID : C1858185
Hershey	PA 17033-2360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Penn State University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  C. Roland Adolph Goertz MD		Date of Receipt
Mailing Address 1600 Providence Dr		11 03 2012
City	State Zip Code	Transaction ID : C1861813
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Family Practice Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55.554.0 .041 to Date ¥	
Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional)		1165.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Deborah V Goodwin MD  Mailing Address 9521 Bottle Creek Ln		Date of Receipt
City	State Zip Code	10 18 2012
Las Vegas	NV 89117-0501	Transaction ID : C1849978  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Univ. Medical Center, Southern Nevada	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Victoria Ann Gorski MD	•	Date of Receipt
Mailing Address 3544 Jerome Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	11 05 2012 Transaction ID : C1861728
Bronx	NY 10467-1005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)	·	
Robert Graham MD		Date of Receipt
Mailing Address 1135 Fort View PI		11 12 _ 2012 _
City	State Zip Code	Transaction ID : C1866582
Cincinnati	OH 45202-1713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
George Washington Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  Michael H Hartsell MD  Mailing Address 1404 Tusculum Blvd  MOB # 3 Suite 2100  City  Greeneville  FEC ID number of contributing federal political committee.  Name of Employer  Summit Medical Group  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37745-4329  C  Occupation Physician  Aggregate Year-to-Date ▼  1365.00	Date of Receipt  11 12 2012  Transaction ID: C1866583  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial)  Jeffrey Allen Harwood MD  Mailing Address PO BOX 125  187 West Main Street  City	State Zip Code	Date of Receipt  10 22 2012  Transaction ID: C1854076
New London  FEC ID number of contributing federal political committee.	OH 44851-0125	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  Lori J Heim MD  Mailing Address 250 Hollybrook Farm Ln  City  Vass  FEC ID number of contributing federal political committee.  Name of Employer  Scotland Memorial Hospital	State Zip Code NC 28394-8952  C Occupation Physician	Date of Receipt  10 30 2012  Transaction ID : C1860215  Amount of Each Receipt this Period  112.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  784.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	842.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee  y Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Daniel J Heinemann MD  Mailing Address 1305 W 18th St  City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Sioux Valley Health Systems  Receipt For:  Primary General Other (specify)	State Zip Code SD 57105-0401  C  Occupation Physician  Aggregate Year-to-Date ▼  3100.00	Date of Receipt  10 18 2012  Transaction ID: C1865651  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial)  Mikel D Holland MD  Mailing Address 100 Mac Ln  City Pierre  FEC ID number of contributing federal political committee.  Name of Employer Avera Medical Group Pierre  Receipt For:  Primary General Other (specify)	State Zip Code SD 57501-3391  C  Occupation Physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  10 31 2012  Transaction ID : C1861169  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial)  Joseph M Jeu MD  Mailing Address 3958 Leap Rd Ste 101  City Hilliard  FEC ID number of contributing federal political committee.  Name of Employer Hilliard Family Medicine, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code OH 43026-3107  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 22 2012  Transaction ID: C1853841  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional	l)	900.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee 
Full Name (Last, First, Middle Initial)  Carol Ann Johnson MD		Date of Receipt
Mailing Address 5303 E 46th St N		10 29 2012
City	State Zip Code	Transaction ID : C1866626
Bel Aire	KS 67220-1400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Family Physicians of Kansas	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  David Andrew Johnson MD		Date of Receipt
Mailing Address 1286 Santa Fe Ct		10 18 _2012 _
City	State Zip Code	Transaction ID : C1850440
Minden	NV 89423-8899	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	[C]	62.50
Name of Employer	Occupation	
Carson Tahoe Physicians Clinic	Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	437.50	
Full Name (Last, First, Middle Initial)  C. David Andrew Johnson MD		Date of Receipt
Mailing Address 1286 Santa Fe Ct		11 18 _ 2012 _
City	State Zip Code	Transaction ID : C1868837
Minden	NV 89423-8899	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	-
Carson Tahoe Physicians Clinic	Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	437.50	
SUBTOTAL of Receipts This Page (optional)	····	490.00
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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial)  Jessica Johnson  Mailing Address 38 Hall St		Date of Receipt
City Newington	State         Zip Code           CT         06111-2553	Transaction ID : C1868499  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  None  Receipt For:  Primary General  Other (specify) ▼	Occupation  Medical Student  Aggregate Year-to-Date ▼  505.00	
Full Name (Last, First, Middle Initial)  Philip Kaplan MD  Mailing Address 4303 Watervale Rd		Date of Receipt
City Manlius	State         Zip Code           NY         13104-8413	Transaction ID : C1859274  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Self Employed Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)  James Darrel King MD  Mailing Address 270 E Court Ave		Date of Receipt
Ste B City Selmer	State Zip Code TN 38375-2304	10 18 2012  Transaction ID : C1850953  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Primecare Medical Center  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  2500.00	_
SUBTOTAL of Receipts This Page (optional)		540.00
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NAME OF COMMITTEE (In Full)	BI B			
/ American Academy of Family	Physicians Political Action Commi	ee		
Full Name (Last, First, Middle Initial)  Thomas A Kintanar MD		Date of Receipt		
Mailing Address 10020 Dupont Circle Ct St	e 110	10 24 _ 2012 _		
City	State Zip Code	Transaction ID : C1858064		
Fort Wayne	IN 46825-1621	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation	†		
Associated Family Medical Consultants	Physician			
Receipt For:	Aggregate Year-to-Date ▼	_		
Primary General	, agregate real to Date ₹			
Other (specify) ▼	365.00			
Full Name (Last, First, Middle Initial)  Laura C Knobel MD		Date of Receipt		
Mailing Address 3 Freedom Way		11 17 _2012 _		
City	State Zip Code	Transaction ID : C1868791		
Walpole	MA 02081-2290	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů .			
Name of Employer	Occupation	1		
Self Employed	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1650.00			
Full Name (Last, First, Middle Initial)  C. Marianne C LaBarbera MD		Date of Descipt		
Mailing Address 1776 Richmond Rd		Date of Receipt		
C'h.	Chata 7' On the	10 23 2012		
City Staten Island	State         Zip Code           NY         10306-2578	Transaction ID : C1856079  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	45.62		
Name of Employer	Occupation	-		
Self-Employed	Physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	319.34			
SUBTOTAL of Receipts This Page (optional)		560.62		
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	ng the name and address of any political committee to		
,	ly Physicians Political Action Commit	tee	
Full Name (Last, First, Middle Initial) Marianne C LaBarbera MD		Date of Receipt	
Mailing Address 1776 Richmond Rd		11 23 2012	
City Staten Island	State Zip Code NY 10306-2578	Transaction ID : C1870100	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.62	
Name of Employer Self-Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  319.34		
Full Name (Last, First, Middle Initial)  B. C Tim Lambert MD		Date of Receipt	
Mailing Address 1905 Chapel Cv Ste 340	10 18 2012		
City Rowlett	State Zip Code TX 75088-1571	Transaction ID : C1850951	
FEC ID number of contributing federal political committee.	C 75088-1371	Amount of Each Receipt this Period  365.00	
Name of Employer Baylor Family Medicine	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
Full Name (Last, First, Middle Initial) Jay Won Lee MD		Date of Receipt	
Mailing Address 450 E Spring St Ste 1		10 23 2012	
City Long Beach	State Zip Code CA 90806-1625	Transaction ID : C1857660  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	365.00	
Name of Employer	Occupation	-	
UC Irvine School of Medicine	Associate Clinical Professor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
SUBTOTAL of Receipts This Page (ontion:	al)	775.62	
TOTAL This Period (last page this line nur	mber only)		

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Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	ily Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) John Lentini DO		Date of Receipt
Mailing Address 382 Grove St		10 23 2012
City	State Zip Code	Transaction ID : C1855760
Braintree	MA 02184-7324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	†
Braintree Fam Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Paula Leonard-Schwartz MD		Date of Receipt
Mailing Address 121 Madeline Rd		10 23 2012
City	State Zip Code	Transaction ID : C1854570
Manchester	NH 03104-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Catholic Medican Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm MD		Date of Receipt
Mailing Address 615 S Mill St		10 30 2012
City	State Zip Code	Transaction ID : C1860216
Fergus Falls	MN 56537-2756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer	Occupation	1
Lake Region Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (option	nal)	1740.00
TOTAL This Period (last page this line nu	mber only)	1

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  A. Andrew Lutzkanin		Date of Receipt
Mailing Address 1835 Blacklatch Ln		10 24 2012
City	State Zip Code	Transaction ID : C1858110
Middletown	PA 17057-2984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	1
Penn State College of Medicine	Medical Student	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Andrew Lutzkanin	·	Date of Receipt
Mailing Address 1835 Blacklatch Ln		1,1 24 2012 _
City	State Zip Code	Transaction ID : C1870118
Middletown	PA 17057-2984	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	[C]	36.50
Name of Employer	Occupation	
Penn State College of Medicine	Medical Student	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  C. Colleen C Lyons MD		Date of Receipt
Mailing Address 2874 N Carson St Ste 127		11 202012
City	State Zip Code	Transaction ID : C1868957
Carson City	NV 89706-1681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	-
Self-Employed	Family Medicine Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	75000	
Other (specify) ▼	750.00	
SUBTOTAL of Receints This Page (antional)	 	823.00
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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Ada Maria Marin MD Date of Receipt Mailing Address PO BOX 177109 2012 21 City Zip Code State Transaction ID: C1870258 CA San Diego 92177-0109 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Metro Family Physicians Medical Group, Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Renee L Markovich MD Date of Receipt Mailing Address Akron General Center for Family Me 400 Wabash Ave 10 2012 22 City State Zip Code Transaction ID: C1854103 OH 44307-2433 Akron Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Akron General Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Pamela H McDonald MD Date of Receipt Mailing Address 6056 44th Ave NE 09 2012 11 Zip Code City State Transaction ID: C1864106 WA Seattle 98115-7514 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 665.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 10 2012 18 City State Zip Code Transaction ID: C1850139 35034-0289 **Brent** AL Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 10 2012 25 City State Zip Code Transaction ID: C1859277 ΑL 35034-0289 **Brent** Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify)

Other (specify)	112000	
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt
Mailing Address PO Box 289  100 Serendipity Dr		10 25 2012
City	State Zip Code	Transaction ID : C1859278
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Culor (opcony)	1.25.00	

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33 OF 64 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 2012 10 31 City Zip Code State Transaction ID: C1861209 **Brent** AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 2012 11 09 City State Zip Code Transaction ID: C1865021 ΑL **Brent** 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) c. John S Meigs MD Date of Receipt Mailing Address PO Box 289 2012 11 20 100 Serendipity Dr City State Zip Code Transaction ID: C1868968 ΑL **Brent** 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee the name and address of the na	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Andrew J Merritt MD  Mailing Address 28 1/2 E Main St  City  Marcellus  FEC ID number of contributing federal political committee.  Name of Employer  Self -Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 13108-1226  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  10 24 2012  Transaction ID: C1858174  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial)  F Bradford Bradford Meyers MD  Mailing Address PO Box 414  152 W Garland St  City  Jefferson  FEC ID number of contributing federal political committee.  Name of Employer Rockwood Family Health LLC  Receipt For:  Primary General  Other (specify)	State Zip Code WI 53549-0414  C  Occupation Physician  Aggregate Year-to-Date ▼  320.00	Date of Receipt  11 16 2012  Transaction ID : C1868737  Amount of Each Receipt this Period  60.00
Full Name (Last, First, Middle Initial)  Elisaebth Fowlie Fowlie Mock Mailing Address 46 Clark Hill Rd  City Holden  FEC ID number of contributing federal political committee.  Name of Employer  Eastern Maine Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code ME 04429-7253  C  Occupation Family Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  10 28 2012  Transaction ID : C1860123  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	790.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full)		
, ,	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  A. Anne M Montgomery MD		Date of Receipt
Mailing Address 1708 S Martin St		10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C1853211
Spokane	WA 99203-3751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	2500.00	
Full Name (Lock First Middle 1999)		
Full Name (Last, First, Middle Initial)  I Elaine Moore MD		Date of Receipt
Mailing Address 311 8th Ave		10 22 2012
City	State Zip Code	Transaction ID : C1853510
Saint Albans	WV 25177-2855	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  2. Jennifer Leigh Mullendore MD		Date of Receipt
Mailing Address 175 S Lexington Ave Unit 20	6	Man / Dan / Yayayay
5 11 11 11 10 0 Loxington Ave Offit 20		11 12 2012
City	State Zip Code	Transaction ID : C1862289
Asheville	NC 28801-3628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Buncombe County	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1115.00
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NAME OF COMMITTEE (In Full)						
/ American Academy of Family	Physicians Political Action Commit	ee				
Full Name (Last, First, Middle Initial)  A. Susan Murphey MD	Date of Receipt					
Mailing Address 151 Eastbrook Dr	11 14 2012					
City	State Zip Code	Transaction ID : C1866606				
Boone	NC 28607-3667	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer	Occupation	1				
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	365.00	<u></u> _				
Full Name (Last, First, Middle Initial)  LeeAnna Irvine Muzquiz MD	Date of Receipt					
Mailing Address 38580 Dubay Road		10 22 2012 _				
City	State Zip Code	Transaction ID : C1854101				
Polson	MT 59860-2117	Amount of Each Receipt this Period				
FEC ID number of contributing		1				
federal political committee.	C	365.00				
Name of Employer	Occupation	7				
Confederated Salish & Kootenai Tribes	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	365.00					
Full Name (Last, First, Middle Initial)	Date of Receipt					
Mailing Address 927 Mather Dr						
City	10 23 2012 Transaction ID : C1857663					
Bear	State Zip Code DE 19701-4945	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer	1					
Horizons Family Practice PA	Physician	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	1000.00					
Other (specify) ▼	1000.00					
SURTOTAL of Doscinto This Dose (antique)	•	1730.00				
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Receipt For:

Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 37 OF 64 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Gwendolyn A Oran MD Date of Receipt Mailing Address 295 Lakepoint PI N Apt 244 2012 10 31 City State Zip Code Transaction ID: C1861171 OR Keizer 97303-8319 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Kaiser Permanente Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Javette C Orgain MD Date of Receipt Mailing Address PO Box 806527 10 2012 28 City State Zip Code Transaction ID: C1860104 IL Chicago 60680-4126 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation UNIVERSITY OF ILLINOIS COLLEGE OF **PHYSICIAN** MEDI Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maureen O Padden MD, MPH Date of Receipt Mailing Address 2300 E St Nw 2012 11 02 Bureau Of Medicine And Surgery City Zip Code State Transaction ID: C1875040 DC Washington 20372-0001 Amount of Each Receipt this Period FEC ID number of contributing 35.00 С federal political committee. Name of Employer Occupation

260.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

385.00

Physician

Aggregate Year-to-Date ▼

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial)  Addriana Rose Padilla MD  Mailing Address 845 W Princeton Ave		Date of Receipt
		11 05 2012
City	State Zip Code CA 93705-4533	Transaction ID : C1861736
Fresno	CA 93705-4533	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Cornell Peters MD	·	Date of Receipt
Mailing Address 1051 Pio Nono Ave Ste A		M = M / D = D / Y = Y = Y
Macon Family Health Cent	er State Zip Code	10 31 2012
Macon	GA 31204-4016	Transaction ID : C1861208  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	91.25
Name of Employer	Occupation	
Macon Family Health Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  Larry Pheifer		Date of Receipt
Mailing Address 210 Green Bay Rd Executive Dir WI AFP		10 24 2012
City Thiensville	State Zip Code WI 53092-1616	Transaction ID : C1858190
FEC ID number of contributing federal political committee.	VII 53092-1616	Amount of Each Receipt this Period  365.00
Name of Employer	Occupation	
Chapter Executive	WIAFP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	506.25
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full)  American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Kami S Phillips MD		Date of Receipt
Mailing Address 25 Fieldstone Dr		10 23 2012
City	State Zip Code	Transaction ID : C1855759
Gardner	MA 01440-1283	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)		'
Francis L Pisney MD		Date of Receipt
Mailing Address 322 1/2 College Ave		11 05 2012
City	State Zip Code	Transaction ID : C1861737
Iowa Falls	IA 50126-2106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Ellsworth Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	865.00	
Full Name (Last, First, Middle Initial) Christine C Ponzio MD	I	Date of Receipt
Mailing Address PO Box 646 1007 Iverson Circle		11 20 2012
City	State Zip Code	Transaction ID : C1868955
Salinas	CA 93902-0646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
Gonzales Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		980.00

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NAME OF COMMITTEE (In Full)		
/ American Academy of Fam	ily Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  A. Michelle Quiogue MD		Date of Receipt
Mailing Address 2460 Pine St		10 18 2012
City	State Zip Code	Transaction ID : C1850439
Bakersfield	CA 93301-2742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
KP-SCPMG	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  Michelle Quiogue MD		Date of Receipt
Mailing Address 2460 Pine St		11 18 2012
City	State Zip Code	Transaction ID : C1868836
Bakersfield	CA 93301-2742	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	30.00
Name of Employer	Occupation	7
KP-SCPMG	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  C. Sterling N Ransone MD		Date of Receipt
Mailing Address PO Box 711		M = M / D = D / Y = Y = Y
151 Deer Path City	State Zip Code	10 24 2012 Transaction ID : C1858188
Cobbs Creek	VA 23035-0711	Transaction ID : C1858188  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	_
Riverside Medical Group	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.00	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (option	nal)	425.00
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Raymond Randolph Reese MD  Mailing Address 1108 Terrell St		Date of Receipt
		10 31 2012
City	State Zip Code	Transaction ID : C1861193
Cuero	TX 77954-3458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.25	
Full Name (Last, First, Middle Initial)  Leonard Daniel Reeves MD		Date of Receipt
Mailing Address GA Health Sciences Univ Months Heritage hall 415 E Third Av	enue	10 23 2012
City Rome	State Zip Code GA 30161	Transaction ID : C1855761
	OA 30101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
GHSU	Physician-Asst Dean	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Michael S Reeves MD		Date of Receipt
Mailing Address 10821 Forest Dr		10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anchorage	State Zip Code AK 99516-1393	Transaction ID : C1861179
	Wr aan10-19an	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	1
Medical Park Family Care	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		942.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)	he name and address of any political committee  Physicians Political Action Commi	
Full Name (Last, First, Middle Initial)  Kenneth K Renwick MD  Mailing Address PO BOX 190  City  Soulsbyville  FEC ID number of contributing federal political committee.	State Zip Code CA 95372-0190	Date of Receipt  1.1 12 2012  Transaction ID : C1862291  Amount of Each Receipt this Period
Name of Employer  Indian Health Center  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Randy J Rice MD  Mailing Address 4570 County Road 61  City  Moose Lake  FEC ID number of contributing federal political committee.  Name of Employer Gateway Family Health Clininc  Receipt For:  Primary  General	State Zip Code MN 55767-9401  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  10 24 2012  Transaction ID : C1858149  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial)  Elisabeth L Righter MD  Mailing Address 267 Park Dr  City  Dayton  FEC ID number of contributing federal political committee.  Name of Employer  Wright State University BSM  Receipt For:	State Zip Code OH 45410-1315  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  10 23 2012  Transaction ID: C1854548  Amount of Each Receipt this Period  333.33
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	666.66	798.33

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NAME OF COMMITTEE (In Full)	y Physicians Political Action Comm	
Full Name (Last, First, Middle Initial)  Elisabeth L Righter MD  Mailing Address 267 Park Dr		Date of Receipt
City	State Zip Code	11
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.33
Name of Employer	Occupation	
Wright State University BSM	Physician	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	666.66	
Full Name (Last, First, Middle Initial)  3. Glenn Sumner Rodriguez MD		Date of Receipt
Mailing Address 0235 SW Canby St		M = M / D = D / Y = Y = Y
City	State Zip Code	10 24 2012 Transaction ID : C1858182
Portland	OR 97219-2947	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Providence Health Services	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Daniel E Roth MD	1	Date of Receipt
Mailing Address 410 30th St		10 22 2012
City	State Zip Code	Transaction ID : C1853509
San Francisco	CA 94131-2307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Pacific Family Practice	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	l)	1198.33
SUBTOTAL of Receipts This Page (optiona  TOTAL This Period (last page this line num	<u> </u>	1198.3

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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
,	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial)  A. Paul David Salzberg MD		Date of Receipt
Mailing Address PO BOX 898		11 10 2012
City	State Zip Code	Transaction ID : C1865370
Callicoon	NY 12723-0898	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  Sarah L Sams MD		Date of Receipt
Mailing Address 2994 Frazell Rd		10 20 2012
City	State Zip Code	Transaction ID : C1865653
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	1
Grant Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial)  Sarah L Sams MD	-	Date of Receipt
Mailing Address 2994 Frazell Rd		M = M / D = D / Y = Y = Y
City	State 7in Code	11 20 2012
City Hilliard	State Zip Code OH 43026-9785	Transaction ID : C1875043
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer	Occupation	
Grant Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1100.00	
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional).		240.00
TOTAL This Period (last page this line number	er only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	itee
Full Name (Last, First, Middle Initial)  Lise K Satterfield MD		Date of Receipt
Mailing Address 1905 Corbridge Ln		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Monkton	State Zip Code MD 21111-2027	Transaction ID : C1868953  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Clinical Associates	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Madalyn Schaefgen MD  Mailing Address 1025 Newgate Dr	•	Date of Receipt
City Allentown	State Zip Code PA 18103-9263	10 24 2012 Transaction ID : C1858183
FEC ID number of contributing federal political committee.	C 16103-9203	Amount of Each Receipt this Period  365.00
Name of Employer Lehigh Valley Physicians Group	Occupation Physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  C. Christine C Schaller MD		Date of Receipt
Mailing Address 77 Poplar Dr		11 12 2012
City Grangeville	State Zip Code ID 83530	Transaction ID : C1862292  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  Valley Medical Center  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  300.00	-
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	715.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Erika Schillinger MD  Mailing Address PO Box 620685  City Woodside  FEC ID number of contributing federal political committee.  Name of Employer Stanford University Receipt For:	State Zip Code CA 94062-0685  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt    M
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Paula L Schultz MD  Mailing Address PO BOX 729  City	State Zip Code	Date of Receipt    M = M
Woodville  FEC ID number of contributing federal political committee.	TX 75979-0729	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) C. Larry A Severa MD  Mailing Address 61 Calendula Ct		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Billings  FEC ID number of contributing federal political committee.	State Zip Code MT 59105-2379	Transaction ID : C1858153  Amount of Each Receipt this Period  365.00
Name of Employer  Billings Clinic  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  365.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	665.00
TOTAL This Period (last page this line numb	per only)	

### SCHEDULE A (FEC Form 3X) ITEN

FOR LINE NUMBER: PAGE 47 OF

IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a   11b   13   14	11c 12 15 16 17
nformation copied from such Reports and Statements ma	ay not be sold or used by any pe	erson for the purpose of so	liciting contributions

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
igr > American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  1. Linda Marie Siy MD		Date of Receipt
Mailing Address 4133 Bilglade Rd		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C1860213
Fort Worth	TX 76109-5436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer	Occupation	
University of North Texas Health Scien	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	292.00	
Full Name (Last, First, Middle Initial)  Lisa Gail Soldat MD		Date of Receipt
Mailing Address 6940 NW Beaver Dr		11 19 2012
City	State Zip Code	Transaction ID : C1869058
Johnston	IA 50131-1246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Broadlawns Medical Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial)  C. Windel A Stracener MD		Date of Receipt
Mailing Address 1333 Hunters Pointe Dr		11 08 2012
City	State Zip Code	Transaction ID : C1862298
Richmond	IN 47374-7184	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	187.50
Name of Employer	Occupation	
Inpatient Management Inc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1312.50	
SUBTOTAL of Receipts This Page (optional)		274.00
TOTAL This Period (last page this line number	only)	

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	ig the name and address of any political committee	
,	ly Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Michael P Temporal MD  Meiling Address 400 S 2Dd St Ct. 400		Date of Receipt
Mailing Address 180 S 3Rd St Ste 400		11 13 2012
City Belleville	State Zip Code IL 62220-1952	Transaction ID : C1865570
	IL 62220-1952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
So. Illinois Healthcare Foundation	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  William James Thrift MD	<u>'</u>	Date of Receipt
Mailing Address 2501 N Woodland Hills D	)r	10 23 2012
City	State Zip Code	Transaction ID : C1857661
Prescott	AZ 86305-4096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed - Emergency Medical Cont	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  L Kimberly L Tjaden MD		Date of Receipt
Mailing Address 1490 Riverside Ave N		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : C1859239
Sartell	MN 56377-2348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (options	al)	515.00
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TOTAL This Period (last page this line nur	nber only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
American Academy of Fam  Full Name (Last, First, Middle Initial)	ily Physicians Political Action Comm	ıttee
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 4135 Atlanta Hwy		M = M / D = D / Y = Y = Y = Y = 1
City	State Zip Code	Transaction ID : C1862297
Montgomery	AL 36109-3022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Lisa Maria Ward MD	1	Date of Receipt
Mailing Address 1223 Janet Way		M = M / D = D / Y = Y = Y
City	State Zip Code	10 31 2012
Santa Rosa	CA 95405	Transaction ID : C1861175
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
UC Davis	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	. [
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 2726 Cornwallis Ave SE	<u> </u>	11 21 2012
City	State Zip Code	Transaction ID : C1870346
Roanoke	VA 24014-3342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	_
Cavilier Faculty Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (option	nal)	200.00
TOTAL This Period (last page this line nu	mher only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
igr > American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  1. Lise S Weisberger MD		Date of Receipt
Mailing Address 9509 Kedvale Ave		11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C1868964
Skokie	IL 60076-1424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Advocate Health Family Practice	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Shawn Harper Dic West MD		Date of Receipt
Mailing Address 7315 212th St Sw Ste 101		M M / D D / Y Y Y Y Y
EDMONDS FAMILY MEDICI		10 31 2012
City	State Zip Code	Transaction ID : C1861176
Edmonds	WA 98026-7610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Puget Sound Family Physicians	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  C. Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		M M / D D / Y Y Y Y Y Y 11 17 2012
City	State Zip Code	Transaction ID : C1868792
Dahlonega	GA 30533-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Chestatee Regional Hospital	Physician	
Receipt For:	,	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)		665.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  A. Patricia R Witte MD		Date of Receipt
Mailing Address 335 W Doty St Apt 302		11 14 2012
City Madison	State Zip Code WI 53703-3147	Transaction ID : C1866611  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Group Health Cooperative	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3	•	Date of Receipt
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		250.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 OF 64
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
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Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any produces of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			•
	American Academy of Family P	nysicians	S Political Action Comm	nittee
Δ.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ans		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy			M = M / D = D / Y = Y = Y
	City	State	Zip Code	10 18 2012 Transaction ID : C1850952
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		58.23
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0	7420.67	1
	Other (specify)		7420.07	
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt
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	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			Amount of Each receipt this remod
	federal political committee.	C		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify) ▼		<u> </u>	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
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	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		-
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, iggi ogale	.54. 10 54.0 7	1
	Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,	
s	SUBTOTAL of Receipts This Page (optional)			58.23

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SCHEDULE B (FEC Form 3X) FOR LINE			NUMB	ER:				PAGI	E 53	OF	64				
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam														
$\setminus$	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians P	Political Action	on C	Com	mitt	ee								
_	Full Name (Last, First, Middle Initial)														
Α.	American Express						Dat	e of	Disl	burse			YY	Y	
	Mailing Address PO Box 53852							10		19	9		2012		
	,	State	Zip Code				Tr	ansa	actio	on ID	: D1	138867			
	Phoenix Purpose of Disbursement	AZ	85072-3852												
	Bank card processing fee						Am	ount	of E	Each	Disk	ourseme	nt this	Peri	od
	Candidate Name				ategor Type	ry/					_	,		8.13	
	Office Sought: House Disbursen														
		Primary Other (spec	General												
	State: District:	Other (spec	City) $\blacktriangledown$												
_	Full Name (Last, First, Middle Initial)														
В.	American Express						Dat	e of	Disl	burse	mer	ıt			
	Mailing Address PO Box 53852							10	/	2	- 1	/ Y	2012	Y	
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	Phoenix	AZ	85072-3852					anso	actic	טו ווכ		30000			
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C.	American Express								DISI	ourse					
	Mailing Address PO Box 53852						111	10	/	22	_	/ Y	2012	Υ	
		State AZ	Zip Code				Tı	ansa	actio	on ID	: D¹	138869			
	Phoenix Purpose of Disbursement	AZ .	85072-3852												
	Bank card processing fee					-11	Am	ount	of E	Each	Disk	ourseme	ent this	Peri	od
	Candidate Name				ategor Type	ry/					_		1	1.86	
	Office Sought: House Disbursen	nent For:								,		-			
	Senate	Primary	General												
		Other (spec	cify) 🔻												
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SCHEDULE B (FEC Form 3X) FOR LINE NUI			NUMBER	:			PAGE	54	OF	64				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 55 OF 64
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American Academy of Family F	Physicians Political Acti	on Commit	tee	
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American Academy of Family Phy	sicians Political Actio	n Committ	ee			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address PO Box 53852  City State Sporz-3852  Purpose of Disbursement Bank card processing fee  Candidate Name  Office Sought: House Disbursement For: Servator President Pre	IT	EMIZED DISBURSEMENTS			)	•				_	_	_	_			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address PO Box 53852  City Phoenix AZ 85072-3852  Purpose of Dibbursement Bank card processing fee  Candidate Name  Category/ Type  President State  District  Full Name (Last, First, Middle Initial)  B. American Express  Mailing Address PO Box 53852  City Phoenix  Full Name (Last, First, Middle Initial)  B. American Express  Mailing Address PO Box 53852  City Phoenix  AZ 85072-3852  Pripose of Dibbursement Bank card processing fee  Candidate Name  Category/ Type  District  Full Name (Last, First, Middle Initial)  C. Bank Of American Merchant Services  Mailing Address PO Box 53852  Full Name (Last, First, Middle Initial)  C. Bank Of American Merchant Services  Mailing Address PO Box 53852  City Phoenix  Full Name (Last, First, Middle Initial)  C. Bank Of American Merchant Services  Mailing Address PO Box 53852  City Poonix  Full Name (Last, First, Middle Initial)  C. Bank Of American Merchant Services  Mailing Address WA2-505-01-40  Full Name (Last, First, Middle Initial)  C. Bank Of American Merchant Services  Mailing Address WA2-505-01-40  Full Name (Last, First, Middle Initial)  C. Bank Of American Merchant Services  Mailing Address WA2-505-01-40  Full Name (Last, First, Middle Initial)  C. Bank Of American Expression  District  District  AZ 80072-3852  Amount of Each Disbursement this Period  Category/ Type  AZ 8088						×							_			
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City State Zip Code Spokane WA 99210-2485  Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substotal Optional D: D139792  Amount of Each Disbursement this Period  Category/ Type  424.93		•							11	_	0	1	L	2012	_	
Purpose of Disbursement Bank card processing fee  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  424.93  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrict: 426.88		City		•				-	Γran	sact	ion ID	: D	139792			
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substrict: Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  424.93  424.93  Amount of Each Disbursement this Period  424.93		Purpose of Disbursement	VVA	99210-2485		_	_									
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substruct: 424.93  424.93  424.93		Bank card processing fee						Ar	nour	nt of	Each	Dis	bursem	ent this	Per	riod
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)		Candidate Name					y/		_	Τ				42	24.93	3
State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)		Office Sought: House Disbursen	nent For:								,		7			
State: District:  SUBTOTAL of Disbursements This Page (optional)			,													
SUBTOTAL of Disbursements This Page (optional)			Other (spe	cify) 🔻												
714 49	_	State: District:														
TOTAL This Period (last page this line number only)	   s	UBTOTAL of Disbursements This Page (optional)					•		Ι	Ξ	,		-7	42	6.88	3
	1	OTAL This Period (last page this line number only)											(F)	71	4.48	3

SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 59 OF 6
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	TOMBET II
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	sicians Political Act	ion Committ	tee
Full Name (Last, First, Middle Initial)  A. CHRISTIE VILSACK FOR IOWA			Date of Disbursement
Mailing Address PO Box 641			10 26 2012
Ames	State Zip Code IA 50010-0641		Transaction ID : D138651
Purpose of Disbursement Campaign contribution Candidate Name			Amount of Each Disbursement this Period
Ms. Christie Vilsack	ment For: 2012	Category/ Type	2500.00
Senate President	Primary		
State: IA District: 04  Full Name (Last, First, Middle Initial)  3. JOHN S FUND			Date of Disbursement
Mailing Address 499 S Capitol St SW Ste 420			10 26 2012
City Washington Purpose of Disbursement	State Zip Code DC 20003-4027		Transaction ID : D138649
Campaign contribution  Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought:    House   Disburser	ment For: Primary General Other (specify) ▼	Type	1500.00
Full Name (Last, First, Middle Initial) - PAC TO THE FUTURE			Date of Disbursement
Mailing Address 700 13th St NW Ste 600			10 24 2012
City Washington Purpose of Disbursement	State         Zip Code           DC         20005-3960		Transaction ID: D138580
Voided check  Candidate Name		Category/	Amount of Each Disbursement this Period -5000.00
Office Sought: House Disburser Senate	ment For:  Primary General	Туре	
President State: District:	Other (specify) ▼		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 60 OF 64
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
		27	
Any information copied from such Reports and State or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Academy of Family Ph	ysicians Political Action	on Committ	tee
Full Name (Last, First, Middle Initial)			Data of Dishamouran
A. PAC TO THE FUTURE			Date of Disbursement
Mailing Address 700 13th St NW			10 24 2012
Ste 600			
City Washington	State Zip Code DC 20005-3960		Transaction ID : D138581
Purpose of Disbursement	20003-3900		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
0/5	. =	Туре	3000.00
Office Sought: House Disbur	sement For:    Primary   General		
President	Other (specify)		
State: District:	(4) 44 //		
Full Name (Last, First, Middle Initial)			
B. CATHY MCMORRIS RODGERS	FOR CONGRESS		Date of Disbursement
Matter Address 5			M M / D D / Y Y Y Y
Mailing Address Box 137			10 26 2012
City Spokane	State Zip Code WA 99210		Transaction ID : D138650
Purpose of Disbursement	99210		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Cathy McMorris Rodgers	. =	Type	1300.00
Office Sought: House Disbur	sement For: 2012  Primary General		
President	Primary		
State: WA District: 05	Guior (opesity)		
Full Name (Last, First, Middle Initial)			
C. CHARLES BOUSTANY JR. MD	FOR CONGRESS, IN	IC.	Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 80126			11 13 2012
City	State Zip Code		T // ID D/2000
Lafayette	LA 70598		Transaction ID : D139029
Purpose of Disbursement Campaign contribution runoff			
Candidate Name			Amount of Each Disbursement this Period
Rep. Charles Boustany Jr.		Category/ Type	5000.00
•	sement For: 2012	1,750	
Senate	Primary General		
President	Other (specify) ▼		
State: LA District: 07	Runoff		
			11500.00
SUBTOTAL of Disbursements This Page (optional	l)	·····•	11300.00
TOTAL This Period (last page this line number o	nlv)		
I	,,		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 61 OF 64
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
Г		27	28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	rsicians Political Acti	on Committ	ee
Full Name (Last, First, Middle Initial)	o		Data of Diskum mont
A. WHITFIELD FOR CONGRESS C	OMMITTEE		Date of Disbursement
Mailing Address P.O. BOX 391			10 26 2012
City	State Zip Code		
HOPKINSVILLE	KY 42241		Transaction ID : D138653
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Edward Whitfield		Туре	2500.00
Office Sought: House Disburse Senate President	ement For: 2012  Primary		
State: KY District: 01			
Full Name (Last, First, Middle Initial)			
B. STIVERS FOR CONGRESS			Date of Disbursement
Mailing Address 4679 Winterset Drive			10 26 2012
City Columbus	State Zip Code OH 43220		Transaction ID : D138652
Purpose of Disbursement campaign contributon			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Rep. Steve Stivers		Туре	300.00
Office Sought:    House   Disburse	ement For: 2012 Primary		
State: OH District: 15	1		
Full Name (Last, First, Middle Initial)  C. GRAVES FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 335			10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Ctoto 7in Carla		
City CALHOUN	State Zip Code GA 30703		Transaction ID : D138654
Purpose of Disbursement Campaign contribution		· · ·	
Candidate Name			Amount of Each Disbursement this Period
Rep. Tom Graves		Category/ Type	2000.00
	ement For: 2012  Primary General		
President	Other (specify) ▼		
State: GA District: 09	<u> </u>		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	5000.00
TOTAL This Period (last page this line number onl	y)	·····	

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 62 OF	- 64	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29	26 30b	
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
American Academy of Family Physi	cians Political Action	n Committe	ee		
Full Name (Last, First, Middle Initial)			Data of Dishamount		
A. MCCONNELL SENATE COMMITT	=E '14		Date of Disbursement		
Mailing Address PO BOX 1496			11 14 2012		
•	tate Zip Code		Transaction ID : D139038		
200.01.222	KY 40201		Hansaction ID . D139036		
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Pe	eriod	
Candidate Name Sen. Mitch McConnell		Category/	2500.0	00	
	ent For: 2014	Туре	7 7		
Senate X	Primary General				
State: KY District: 00	Other (specify) ▼				
Full Name (Last, First, Middle Initial)		+			
B. MCCONNELL SENATE COMMITT	FF '14		Date of Disbursement		
	IT		M M / D D / Y Y Y Y	7	
Mailing Address PO BOX 1496			11 14 2012	_	
•	tate Zip Code KY 40201		Transaction ID : D139039		
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Pe	eriod	
Candidate Name		Category/	Tunedin of Eden Biobardonion und Fo	7100	
Sen. Mitch McConnell		Type	2500.0	00	
	ent For: 2014				
	Primary General				
President State: KY District: 00	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address			M = M / D = D / Y = Y = Y	7	
walling Address				_	
City	tate Zip Code				
Purpose of Disbursement					
			Amount of Each Disbursement this Pe	eriod	
Candidate Name		Category/ Type		$\Box$	
Office Sought: House Disbursem	ent For:	-			
	Primary General				
	Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional)			5000.00	00	
Page 100 compenser of the Page 1000000000					
COSTOTAL OF BIODUSCHICITION THIS T age (optional)				#	

SCHEDULE B (FEC Form 3X		FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26 28b 28c 29 30b
Any information copied from such Reports and	d Statements may not be sold or us		
or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
American Academy of Family	Physicians Political Action	on Committ	tee
Full Name (Last, First, Middle Initial)	1 145		Date of Dishuraness
A. Dr. Salvatore Bernardo Md B	ernardo MD		Date of Disbursement
Mailing Address 131 Pin Oak Rd			11 14 2012
City	State Zip Code		Transaction ID : D420045
Freehold	NJ 07728-9313		Transaction ID : D139045
Purpose of Disbursement Refund of incorrectly entered donation			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Office Sought: House D	isbursement For:		
Senate	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Dr. Patricia A Czapp MD			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 102 Melvin Ave			10 31 2012
City Annapolis	State Zip Code MD 21401-1221		Transaction ID : D138718
Purpose of Disbursement	21401-1221		
Refund of contribution made on 10.18.12			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Office Sought: House D	isbursement For:	Туре	, , , ,
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
C. Dr. Michael Wayne Montesi N	ИD		Date of Disbursement
Mailing Address 810 E Sunflower Rd			10 22 2012
Ste 100A			
City	State Zip Code		Transaction ID : D138469
Cleveland Purpose of Disbursement	MS 38732-2828		· · · · · · · · · · · · · · · · · · ·
Refund for donation incorrectly entered on	10.17.12		Amount of Each Disbursement this Period
Candidate Name		Category/	365.00
Office Sought: House D	ishurasment Ferr. 2012	Туре	
Office Sought: House D	isbursement For: 2012  Primary  General		
President	Other (specify)		
State: District:	(-F 3)/ <b>V</b>		
SUBTOTAL of Disbursements This Page (op	tional)		1365.00
TOTAL This Period (last page this line numb	per only)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 64 OF 64
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
<del></del>	Detailed Summary Page	21b	22 23	24 25 26
		27	X 28a 28b	28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
	ie and address of any politic	cai committee to	SOlicit Contributions 1	rom such committee.
NAME OF COMMITTEE (In Full)	iologo Dolitical A -41	on Committee	-00	
ig/ American Academy of Family Phys	icians Political Action	on Committ	ee	
Full Name (Last, First, Middle Initial)				
A. Dr. Gale J Skousen MD			Date of Disbursen	
Mailing Address 630 E 770 S			11 26	2012
City	State Zip Code			D.1000.10
Payson	UT 84651-1648		Transaction ID:	D139648
Purpose of Disbursement Refund to donor			Amount of Each D	hisbursement this Period
Candidate Name		Category/		
		Type	7	50.00
Office Sought: House Disbursen				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
<b>3.</b>			Date of Disbursem	nent
			M M / D D	/ Y = Y = Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
		1 []	Amount of Each D	isbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Type		
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursem	_
Mailing Address			M M / D D	/ Y Y Y Y
City	State Zip Code			
	р			
Purpose of Disbursement				
			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disbursen	nent For:	туре	-	
	Primary General			
	Other (specify) ▼			
State: District:	<b>·</b>			
SUBTOTAL of Disbursements This Page (optional)				50.00
				1415.00
TOTAL This Period (last page this line number only)				1415.00